

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Re: IRO Case # M2-02-0607-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 43-year-old male who fell on ___. he developed back pain which gradually became more severe, and soon associated with right hip and lower extremity discomfort. An MRI on 5/10/00 showed bulging disks at L3-4 and L4-5 without definite herniation of disks. Treatment included physical therapy, epidural steroid injections, and facet blocks. A myelogram with CT scanning on 5/10/01 showed more trouble on the left side than on the side of primary symptoms. A 12/17/01 examination suggested a laterally placed L5-S1 disk on the right side, which corresponded to the patient's signs and symptoms. Disk removal at the L5-S1 level was recommended. A repeat MRI was requested prior to surgery because it had been

two years since the last MRI, and studies suggested more left-sided trouble than right-sided trouble, and to better evaluate the anatomical circumstances.

Requested Service(s)

Repeat MRI of Lumbar Spine , Lumbar Laminectomy L5-S1

Decision

I disagree with the carrier's decision to deny the repeat MRI. Depending on the results, a surgical procedure may be indicated.

Rationale

If the repeat MRI shows laterally placed L5-S1 disk pathology with potential L5 nerve root compression, then a surgical procedure to relieve that would be indicated. Recent notes, from 5/02 indicate that the patient desires to try to return to work. If he can do so, and is satisfied, then the denial of MRI and surgery is no longer a consideration, unless symptoms return. If symptoms return, surgery is once more a consideration, and a repeat MRI would be indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

President